

Form **990**

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

# 2021

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.  Doing business as <b>WETA</b>  Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3939 CAMPBELL AVE  City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22206  <b>F</b> Name and address of principal officer: RUBY G. AGGARWAL SAME AS C ABOVE	<b>D</b> Employer identification number  53-0242992  <b>E</b> Telephone number 703-998-2778  <b>G</b> Gross receipts \$ 133,782,029.  <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions  <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ WWW.WETA.ORG		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1953
		<b>M</b> State of legal domicile: DC

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: PUBLIC MEDIA TELEVISION AND CLASSICAL RADIO BROADCASTER AND CONTENT PRODUCER; MEMBER STATION OF		
Activities & Governance	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	34
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	33
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	437
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	39
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	171,558.
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	109,345.
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year 131,688,334.	Current Year 114,738,880.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	4,345,103.	5,860,693.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,662,308.	8,873,828.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,995,930.	516,150.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	143,691,675.	129,989,551.
	Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	679,790.
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	47,110,684.	49,797,371.
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	987,264.	656,355.
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶ 10,935,409.		
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	67,197,619.	77,306,340.
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	115,975,357.	128,499,745.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	27,716,318.	1,489,806.
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year 208,469,306.	End of Year 196,813,723.
	<b>21</b>	Total liabilities (Part X, line 26)	21,509,061.	25,927,263.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	186,960,245.	170,886,460.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer RUBY G. AGGARWAL, SVP, CFO & TREASURER Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name JULIA FLANNERY	Preparer's signature JULIA FLANNERY
	Date 12/09/22	Check if self-employed <input type="checkbox"/> PTIN P00928918
	Firm's name ▶ RSM US LLP Firm's address ▶ 9801 WASHINGTONIAN BLVD, SUITE 500 GAITHERSBURG, MD 20878	Firm's EIN ▶ 42-0714325  Phone no. 301-296-3700

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: WETA'S MISSION IS TO PRODUCE AND DISTRIBUTE CONTENT OF INTELLECTUAL INTEGRITY AND CULTURAL MERIT USING A BROAD RANGE OF MEDIA TO REACH AUDIENCES BOTH IN OUR COMMUNITY AND NATIONWIDE. WE LEVERAGE OUR COLLECTIVE RESOURCES TO EXTEND OUR IMPACT. WE WILL BE TRUE TO OUR

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 80,445,626. including grants of \$ 739,679. ) (Revenue \$ 5,947,978. ) NATIONAL TELEVISION/DIGITAL PRODUCTION - WETA IS THE SECOND LARGEST PRODUCING STATION FOR PUBLIC MEDIA IN THE UNITED STATES. WETA AND ITS SUBSIDIARY, NEWSHOUR PRODUCTIONS, LLC, ARE THE LEADING PROVIDER OF PUBLIC AFFAIRS PROGRAMMING TO THE PUBLIC TELEVISION SYSTEM. PRODUCTIONS INCLUDE THE ESTEEMED NEWS PROGRAMS "PBS NEWSHOUR," "PBS NEWS WEEKEND," AND "WASHINGTON WEEK." WETA PRODUCTIONS AND CO-PRODUCTIONS INCLUDE SERIES AND SPECIALS FROM KEN BURNS, DR. HENRY LOUIS GATES, JR, AND DOZENS OF ESTABLISHED AND EMERGING FILMMAKERS; PERFORMANCE SPECIALS FROM MAJOR PERFORMANCE VENUES AND THE WEST LAWN OF THE U.S. CAPITOL. WETA HAS CREATED "WELL BEINGS," A MULTI-PLATFORM CAMPAIGN ADDRESSING URGENT ISSUES IN MENTAL AND PHYSICAL THROUGH BROADCAST AND DIGITAL CONTENT AND ROBUST ONLINE RESOURCES.

4b (Code: ) (Expenses \$ 16,013,313. including grants of \$ ) (Revenue \$ 219,155. ) LOCAL BROADCASTING - TELEVISION & RADIO - WETA IS THE FLAGSHIP PUBLIC MEDIA STATION IN THE GREATER WASHINGTON AREA, PROVIDING EDUCATIONAL CONTENT FREE TO ALL. WETA OFFERS QUALITY TELEVISION PROGRAMMING ON FIVE DIGITAL CHANNELS 24 HOURS A DAY - WETA PBS, WETA UK, WETA METRO, WETA PBS KIDS, AND WETA WORLD - AND STREAMS CONTENT ON A VARIETY OF PLATFORMS. WETA CREATES LOCAL SPECIALS ON THE PEOPLE, PLACES, AND CULTURE OF THE GREATER WASHINGTON REGION. WETA BROADCASTS A CHILDREN'S EDUCATIONAL TELEVISION SERVICE THAT BUILDS READING AND STEM SKILLS; PUBLIC AFFAIRS ANALYSIS; PERFORMANCE PROGRAMMING CELEBRATING THE CULTURAL DIVERSITY OF THE COUNTRY; ACCLAIMED HISTORY, SCIENCE, AND NATURE PROGRAMS; THE BEST OF BRITISH TELEVISION; AND A CHANNEL DEVOTED TO INDEPENDENT DOCUMENTARY FILMS. WETA CLASSICAL RADIO BROADCASTS ON

4c (Code: ) (Expenses \$ 7,993,173. including grants of \$ ) (Revenue \$ 17,537. ) ONLINE AND COMMUNITY RESOURCES - IN ADDITION TO OFFERING EXTENSIVE EDUCATIONAL RESOURCES IN CONJUNCTION WITH THE NATIONAL TELEVISION CONTENT WETA PRODUCES, WETA'S INTERACTIVE EDUCATIONAL INITIATIVES INCLUDE READINGROCKETS.ORG, A MULTIMEDIA PROJECT THAT HELPS STRUGGLING READERS; COLORINCOLORADO.ORG, A BILINGUAL PROJECT THAT OFFERS RESOURCES IN BOTH ENGLISH AND SPANISH FOR PARENTS AND TEACHERS OF ENGLISH-LANGUAGE LEARNERS (ELLs); LDONLINE.ORG, THE LEADING WEBSITE ON LEARNING DISABILITIES AND ADHD FOR PARENTS, TEACHERS, AND STUDENTS; ADLIT.ORG, WHICH SUPPORTS THE LITERACY OF ADOLESCENT READERS; AND BRAINLINE.ORG, THE MOST COMPREHENSIVE SOURCE OF BRAIN-INJURY INFORMATION ON THE WEB. IN CONJUNCTION WITH THE BROADCAST OFFERINGS, THE STATION ENGAGES WITH TEACHERS, PARENTS, DAYCARE PROVIDERS, AND

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 104,452,112.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		437
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		10
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	X	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 34 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent ..... <b>1b</b> 33		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? .....		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....		X
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....	X	
<b>13</b>	Did the organization have a written whistleblower policy? .....	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official .....	X	
<b>b</b>	Other officers or key employees of the organization .....	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
 RUBY AGGARWAL - 703-998-2778  
 3939 CAMPBELL AVE, ARLINGTON, VA 22206

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHARON PERCY ROCKEFELLER PRESIDENT & CEO	40.00	X		X				803,760.	0.	51,768.
(2) JUDY C. WOODRUFF ANCHOR & MANAGING EDITOR	40.00					X		663,110.	0.	12,461.
(3) JASON R. DAISEY EXECUTIVE VP & COO	40.00			X				492,505.	0.	62,382.
(4) SARA JUST SENIOR VP & EXECUTIVE PRODUCER	40.00				X			428,871.	0.	29,111.
(5) LISA LINDSTROM DELANEY SVP & GENERAL COUNSEL	40.00			X				388,843.	0.	61,598.
(6) DAVID C. PURVIS SVP/CFO/TREASURER (THRU 5/26/21)	40.00			X				352,396.	0.	28,671.
(7) MICHAEL RANCILIO SENIOR VP & GM	40.00				X			347,404.	0.	29,641.
(8) JEFFREY BROWN SENIOR CORRESPONDENT	40.00					X		322,437.	0.	39,961.
(9) MIGUEL MONTEVERDE SENIOR VP & GM	40.00				X			333,281.	0.	28,111.
(10) AMNA WERDEL CHIEF CORRESPONDENT	40.00					X		291,799.	0.	56,505.
(11) MATTHEW SPEISER VP, OPERATIONS	40.00					X		286,517.	0.	57,707.
(12) JOHN F. WILSON SVP & CHIEF NAT'L CONTENT OFFICER	40.00				X			297,678.	0.	46,087.
(13) WILLIAM BRANGHAM CORRESPONDANT	40.00					X		286,242.	0.	26,419.
(14) RUBY G. AGGARWAL SVP & CFO (BEG 2/1/22)	40.00			X				0.	0.	0.
(15) JOSEPH BRUNS SENIOR ADVISOR/TRUSTEE	1.00	X						0.	0.	0.
(16) TIMOTHY C. COUGHLIN CHAIRMAN	1.00	X		X				0.	0.	0.
(17) CATHERINE STEVENS VICE CHAIR & SECRETARY	1.00	X		X				0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ADRIENNE HENSLEY TRUSTEE	1.00	X						0.	0.	0.
(19) ROBERT QUINN TRUSTEE	1.00	X						0.	0.	0.
(20) BRADFORD NORDHOLM TRUSTEE	1.00	X						0.	0.	0.
(21) ELIZABETH LODAL TRUSTEE	1.00	X						0.	0.	0.
(22) ERIC MOTLEY TRUSTEE	1.00	X						0.	0.	0.
(23) GREGORY GALLOPOULOS TRUSTEE	1.00	X						0.	0.	0.
(24) JERRY LIBIN TRUSTEE	1.00	X						0.	0.	0.
(25) JOHN DALTON TRUSTEE	1.00	X						0.	0.	0.
(26) JOHN SCHWIETERS TRUSTEE	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								5,294,843.	0.	530,422.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								5,294,843.	0.	530,422.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **147**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
THE MASLOW MEDIA GROUP, INC. PO BOX 71, CLARKSBURG, MD 20871	STAFFING SERVICE	1,471,242.
INTEGRATED DIRECT MARKETING, LLC, 1250 CONNECTICUT AVE. NW 700, WASHINGTON, DC	MAILROOM SERVICE	800,474.
NIELSEN MEDIA RESEARCH PO BOX 88961, CHICAGO, IL 60695-8951	RESEARCH SERVICE	512,288.
ASSOCIATED PRESS PO BOX 414212, BOSTON, MA 02241-4212	WIRE SERVICE	426,051.
SLALOM, LLC PO BOX 101416, PASADENA, CA 91189-1416	WEB SERVICE	412,730.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **36**

SEE PART VII, SECTION A CONTINUATION SHEETS

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) KARNA SMALL BODMAN TRUSTEE	1.00	X						0.	0.	0.
(28) KEN ADELMAN TRUSTEE	1.00	X						0.	0.	0.
(29) MELANIE NUSSDORF TRUSTEE	1.00	X						0.	0.	0.
(30) MARA MAYOR TRUSTEE	1.00	X						0.	0.	0.
(31) MARLENE MALEK TRUSTEE	1.00	X						0.	0.	0.
(32) PAULINE SCHNEIDER TRUSTEE	1.00	X						0.	0.	0.
(33) MARGARET MILNER RICHARDSON TRUSTEE (THRU 7/1/21)	1.00	X						0.	0.	0.
(34) PETER BUSCEMI TRUSTEE	1.00	X						0.	0.	0.
(35) RENE CARTER TRUSTEE	1.00	X						0.	0.	0.
(36) ROGER KRONE TRUSTEE	1.00	X						0.	0.	0.
(37) RONALD GORDON TRUSTEE (THRU 3/1/22)	1.00	X						0.	0.	0.
(38) SHIVAM MALLICK SHAH TRUSTEE	1.00	X						0.	0.	0.
(39) SUSAN LEE TRUSTEE	1.00	X						0.	0.	0.
(40) TIMOTHY KEATING TRUSTEE	1.00	X						0.	0.	0.
(41) THOMAS SAYLAK TRUSTEE	1.00	X						0.	0.	0.
(42) ROBERT L. SLOAN TRUSTEE	1.00	X						0.	0.	0.
(43) LOREN ALLAN SMITH EX-OFFICIO TRUSTEE	1.00	X						0.	0.	0.
(44) RILEY TEMPLE TRUSTEE	1.00	X						0.	0.	0.
(45) JOHN ULFELDER TRUSTEE	1.00	X						0.	0.	0.
(46) ALIFIA DORIWALA TRUSTEE (BEG 3/3/22)	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>	303,697.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	2,121,137.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	112,314,046.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 3,304,020.				
	<b>h Total.</b> Add lines 1a-1f .....			114,738,880.			
Program Service Revenue	<b>2 a</b> TELEVISION PROJECTS	Business Code					
		900099	4,734,184.	4,734,184.			
	<b>b</b> ANCILLARY REVENUES	900099	907,354.	907,354.			
	<b>c</b> RENT 501(C)3 TENANTS	900002	121,055.	121,055.			
	<b>d</b> PBNS SALES COMMISSION	900099	98,100.	98,100.			
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			5,860,693.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,228,258.			1,228,258.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....		306,440.	306,440.			
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	591,126.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	458,218.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	132,908.				
	<b>d</b> Net rental income or (loss) .....			132,908.	132,908.		
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	9,630,511.	1,326,924.		
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	2,942,340.	369,525.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	6,688,171.	957,399.			
<b>d</b> Net gain or (loss) .....			7,645,570.		7,645,570.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>	39,932.					
<b>b</b> Less: cost of goods sold .....	<b>10b</b>	22,395.					
<b>c</b> Net income or (loss) from sales of inventory .....			17,537.	17,537.			
Miscellaneous Revenue	<b>11 a</b> WETA MAGAZINE	Business Code					
		511120	38,650.		38,650.		
	<b>b</b> MISCELLANEOUS REVENUE	900099	20,615.			20,615.	
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....			59,265.				
<b>12 Total revenue.</b> See instructions .....			129,989,551.	6,184,670.	171,558.	8,894,443.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	739,679.	739,679.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	3,782,107.	2,317,537.	1,464,570.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	36,619,012.	28,570,869.	4,305,330.	3,742,813.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,618,127.	2,097,406.	253,632.	267,089.
<b>9</b> Other employee benefits .....	4,157,204.	3,295,318.	456,774.	405,112.
<b>10</b> Payroll taxes .....	2,620,921.	2,063,312.	309,913.	247,696.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	159,161.		159,151.	10.
<b>c</b> Accounting .....	112,683.		112,683.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17	656,355.			656,355.
<b>f</b> Investment management fees .....	68,765.		68,765.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,341,227.	642,456.	567,039.	1,131,732.
<b>12</b> Advertising and promotion .....	1,476,265.	1,159,789.	236.	316,240.
<b>13</b> Office expenses .....	4,552,423.	1,792,093.	669,236.	2,091,094.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	2,487,292.	1,246,376.	1,237,697.	3,219.
<b>17</b> Travel .....	1,457,651.	1,191,747.	5,434.	260,470.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	278,610.	229,589.	13,615.	35,406.
<b>20</b> Interest .....	5,945.		5,945.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	1,539,342.	936,684.	602,658.	
<b>23</b> Insurance .....	417,941.		417,941.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> PRODUCTION AND ACQUISIT	52,091,541.	51,898,891.	51,457.	141,193.
<b>b</b> PUBLIC BROADCASTING SER	5,210,681.	5,210,681.		
<b>c</b> PROPERTY TAX EXPENSE	377,109.	23,662.	353,447.	
<b>d</b> MEMBERSHIPS	237,782.	40,601.	174,392.	22,789.
<b>e</b> All other expenses	4,491,922.	995,422.	1,882,309.	1,614,191.
<b>25</b> Total functional expenses. Add lines 1 through 24e	128,499,745.	104,452,112.	13,112,224.	10,935,409.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	54,191,319.	<b>1</b>	40,203,898.
	<b>2</b> Savings and temporary cash investments .....	266,739.	<b>2</b>	5,227,869.
	<b>3</b> Pledges and grants receivable, net .....	22,021,991.	<b>3</b>	16,435,800.
	<b>4</b> Accounts receivable, net .....	1,638,312.	<b>4</b>	5,865,237.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	28,320.	<b>8</b>	28,320.
	<b>9</b> Prepaid expenses and deferred charges .....	1,531,088.	<b>9</b>	2,011,125.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 71,705,115.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 42,117,439.		
	<b>11</b> Investments - publicly traded securities .....	10,306,934.	<b>10c</b>	29,587,676.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	41,665,345.	<b>11</b>	33,001,539.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	27,724,645.	<b>12</b>	22,033,413.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	49,094,613.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	208,469,306.	<b>15</b>	42,418,846.	
		<b>16</b>	196,813,723.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	6,781,734.	<b>17</b>	11,683,853.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	265,169.	<b>19</b>	756,131.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	696,491.	<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	13,765,667.	<b>25</b>	13,487,279.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	21,509,061.	<b>26</b>	25,927,263.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	46,312,599.	<b>27</b>	45,920,329.
	<b>28</b> Net assets with donor restrictions .....	140,647,646.	<b>28</b>	124,966,131.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	186,960,245.	<b>32</b>	170,886,460.
<b>33</b> Total liabilities and net assets/fund balances .....	208,469,306.	<b>33</b>	196,813,723.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	129,989,551.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	128,499,745.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,489,806.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	186,960,245.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-17,563,591.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	170,886,460.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	102,683,316.	110,557,226.	109,081,739.	131,688,334.	114,738,880.	568,749,495.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	102,683,316.	110,557,226.	109,081,739.	131,688,334.	114,738,880.	568,749,495.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						4,028,269.
<b>6 Public support.</b> Subtract line 5 from line 4.						564,721,226.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	102,683,316.	110,557,226.	109,081,739.	131,688,334.	114,738,880.	568,749,495.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1,528,814.	2,073,081.	1,338,216.	1,116,066.	1,228,258.	7,284,435.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	17,659.	72,262.	39,912.	103,602.	109,345.	342,780.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	8,120.	1,485.	83,669.	31,442.	59,265.	183,981.
<b>11 Total support.</b> Add lines 7 through 10						576,560,691.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	26,741,767.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	97.95 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	97.73 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3.	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d <b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	
3 Subtract line 2 from line 1d.	3	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by 0.035.	6	
7 Recoveries of prior-year distributions	7	
8 <b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount	(A) Prior Year	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990 or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

Name of the organization GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.	Employer identification number 53-0242992
--	--

**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.	<b>Employer identification number</b> 53-0242992
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 36,689,095.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 11,062,278.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 9,193,989.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 7,518,078.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 3,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.	<b>Employer identification number</b> 53-0242992
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 2,860,792.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 2,831,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 2,400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 2,372,348.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 2,359,560.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.	<b>Employer identification number</b>  53-0242992
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.	Employer identification number 53-0242992
--	--

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC. Employer identification number 53-0242992

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public service. 1b: Reporting on revenue and assets for public service. 2: Reporting on revenue and assets for financial gain.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	68,202,172.	52,526,048.	47,835,912.	44,563,713.	42,606,472.
b Contributions	4,162,336.	3,565,972.	3,052,306.	961,021.	100,000.
c Net investment earnings, gains, and losses	-9,283,178.	12,834,652.	3,001,820.	2,747,024.	2,923,952.
d Grants or scholarships					
e Other expenditures for facilities and programs	4,243,516.	724,500.	1,363,990.	435,846.	1,066,711.
f Administrative expenses					
g End of year balance	58,837,814.	68,202,172.	52,526,048.	47,835,912.	44,563,713.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  47.0000 %
  - b Permanent endowment  17.0000 %
  - c Term endowment  36.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,773,006.		1,773,006.
b Buildings		7,114,921.	6,152,676.	962,245.
c Leasehold improvements		8,500,327.	7,320,430.	1,179,897.
d Equipment		31,061,675.	28,644,333.	2,417,342.
e Other		23,255,186.		23,255,186.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				29,587,676.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) TOTAL BOND MKT INDEX INST	10,774,111.	END-OF-YEAR MARKET VALUE
(B) TOTAL STOCK MKT IDX INST	11,231,364.	END-OF-YEAR MARKET VALUE
(C) WETA PTMMG, INC.	27,938.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	22,033,413.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) FILM ASSETS	40,435,871.
(2) DEFERRED COMPENSATION ASSET	1,982,975.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	42,418,846.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION LIABILITY	1,982,975.
(3) REFUNDABLE ADVANCES	6,804,781.
(4) DEFERRED GAIN ON SALE OF ASSETS	4,699,523.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	13,487,279.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	113,292,758.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-17,563,591.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	454,950.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	-17,108,641.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	130,401,399.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	68,765.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-480,613.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	-411,848.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	129,989,551.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	129,366,543.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	454,950.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	480,613.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	935,563.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	128,430,980.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	68,765.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	68,765.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	128,499,745.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

WETA'S ENDOWMENT IS INTENDED TO SUPPORT PROGRAMMING ACTIVITIES THROUGH AN ANNUAL FUNDING SUPPLEMENT AND/OR APPROPRIATIONS FOR SPECIAL PROGRAM PROJECTS.

PART X, LINE 2:

WETA IS RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAXES, EXCEPT ON UNRELATED ACTIVITIES, UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(C)(3). THE INTERNAL REVENUE SERVICE HAS ALSO DETERMINED THAT WETA IS NOT A PRIVATE FOUNDATION. NEWSHOUR PRODUCTIONS LLC IS A SINGLE MEMBER LLC AND IS A DISREGARDED ENTITY FOR FEDERAL INCOME TAX PURPOSES.

**Part XIII** Supplemental Information (continued)

MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT

THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE

ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD -22,395.

RENTAL EXPENSES -458,218.

TOTAL TO SCHEDULE D, PART XI, LINE 4B -480,613.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 22,395.

RENTAL EXPENSES 458,218.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 480,613.

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2021**

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.** Employer identification number **53-0242992**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
CHARITABLE AUTO RESOURCES, INC. - 8804 BALBOA AVE, SAN	CAR DONATION SERVICE	X		719,955.	179,813.	540,142.
M&R STRATEGIC SERVICES, INC. - 1101 CONNECTICUT AVE, NW,	STRATEGY CONSULTING		X	19,553.	271,621.	-252,068.
SIGNIA MARKETING LTD - 6521 W 91ST AVE, WESTMINISTER, CO	TELEMARKETING		X	6,405.	9,689.	-3,284.
HUSTLE, INC. - 548 MARKET ST, PMB 19841, SAN FRANCISCO, CA	TELEMARKETING		X	1,420.	25,300.	-23,880.
MINDFUL MEDIA PARTNERS - 6326 W 85TH PL, LOS ANGELES, CA	CONSULTING		X	0.	12,500.	-12,500.
BARBARA SIMS, INC. - 9663 MAIN STREET, SUITE D,	LIST BROKER		X	0.	132,432.	-132,432.
SEA CHANGE STRATEGIES, LLC - 7409 BIRCH AVENUE, TAKOMA	STRATEGY CONSULTING		X	0.	25,000.	-25,000.
<b>Total</b>				<b>747,333.</b>	<b>656,355.</b>	<b>90,978.</b>

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AL, AK, AR, CA, CO, CT, DE, DC, FL, GA, KS, KY, LA, ME, MD, MA, MI, MN, MO, NH, NJ, NY, NC, OH, OK  
OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, HI, IL, MS, NM, NV, ND, AZ, ID, IN, IA, MT, NE, SD, TX, VT  
WY

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts .....			
	2	Less: Contributions .....			
	3	Gross income (line 1 minus line 2) .....			
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....			
	7	Food and beverages .....			
	8	Entertainment .....			
	9	Other direct expenses .....			
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....			
	11	Net income summary. Subtract line 10 from line 3, column (d) .....			

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue .....			
	2	Cash prizes .....			
Direct Expenses	3	Noncash prizes .....			
	4	Rent/facility costs .....			
	5	Other direct expenses .....			
	6	Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d) .....			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) .....			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: CHARITABLE AUTO RESOURCES, INC.

(I) ADDRESS OF FUNDRAISER: 8804 BALBOA AVE, SAN DIEGO, CA 92123

(I) NAME OF FUNDRAISER: M&R STRATEGIC SERVICES, INC.

(I) ADDRESS OF FUNDRAISER:

1101 CONNECTICUT AVE, NW, 7TH FL, WASHINGTON, DC 20036

**Part IV** Supplemental Information (continued)

(I) NAME OF FUNDRAISER: SIGNIA MARKETING LTD

(I) ADDRESS OF FUNDRAISER: 6521 W 91ST AVE, WESTMINISTER, CO 80031

(I) NAME OF FUNDRAISER: HUSTLE, INC.

(I) ADDRESS OF FUNDRAISER:

548 MARKET ST, PMB 19841, SAN FRANCISCO, CA 94105

(I) NAME OF FUNDRAISER: MINDFUL MEDIA PARTNERS

(I) ADDRESS OF FUNDRAISER: 6326 W 85TH PL, LOS ANGELES, CA 90045

(I) NAME OF FUNDRAISER: BARBARA SIMS, INC.

(I) ADDRESS OF FUNDRAISER: 9663 MAIN STREET, SUITE D, FAIRFAX, VA 22032

(I) NAME OF FUNDRAISER: SEA CHANGE STRATEGIES, LLC

(I) ADDRESS OF FUNDRAISER: 7409 BIRCH AVENUE, TAKOMA PARK, MD 20912

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **GREATER WASHINGTON EDUCATIONAL  
TELECOMMUNICATIONS ASSOCIATION, INC.** Employer identification number  
53-0242992

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
WQLN PUBLIC MEDIA 8425 PEACH STREET ERIE, PA 16509-4788	25-1154116	501(C)(3)	38,367.	0.			STATION GRANT
NASHVILLE PUBLIC TELEVISION 161 RAINS AVENUE NASHVILLE, TN 37203	62-1740928	501(C)(3)	29,000.	0.			STATION GRANT
WESTERN NEW YORK PUBLIC BROADCASTING ASSOCIATION - 140 LOWER TERRACE ST - BUFFALO, NY 14202	16-0834459	501(C)(3)	28,000.	0.			STATION GRANT
NEW MEXICO COMMUNITY FOUNDATION 8 CALLE MEDICO SANTA FE, NM 87505	85-0311210	501(C)(3)	24,000.	0.			STATION GRANT
HOWARD UNIVERSITY TELEVISION 2222 FOURTH STREET, N.W. WASHINGTON, DC 20059	53-0204707	501(C)(3)	23,000.	0.			STATION GRANT
KLRN - THE LEARNING PLACE 501 BROADWAY, P.O. BOX 9 SAN ANTONIO, TX 78291-0009	74-2461534	501(C)(3)	23,000.	0.			STATION GRANT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 49.
- 3 Enter total number of other organizations listed in the line 1 table ▶ 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CAROLINA PUBLIC TELEVISION FOUNDATION, INC. - 10 UNC TV DRIVE - RESEARCH TRIANGLE PARK, NC 27709	58-1720178	501(C)(3)	22,000.	0.			STATION GRANT
WINDOW TO THE WORLD 5400 N SAINT LOUIS AVENUE CHICAGO, IL 60625-4623	36-2246703	501(C)(3)	22,000.	0.			STATION GRANT
REDWOOD EMPIRE PUBLIC TV, INC. P.O. BOX 13 EUREKA, CA 95502-0013	94-1658168	501(C)(3)	20,000.	0.			STATION GRANT
MARYLAND PUBLIC BROADCASTING COMMISSION - 11767 OWINGS MILLS BLVD. - OWINGS MILLS, MD 21117-1499	52-6002033	GOVERNMENTAL	17,000.	0.			STATION GRANT
METROPOLITAN INDIANAPOLIS PUBLIC MEDIA INC. - 1630 N. MERIDIAN STREET - INDIANAPOLIS, IN 46202	35-1147600	501(C)(3)	17,000.	0.			STATION GRANT
NET/NEBRASKA ED. TELECOM 1800 NORTH 33RD STREET LINCOLN, NE 68503-1409	23-7122088	501(C)(3)	16,500.	0.			STATION GRANT
EAST TN PUBLIC COMMUNICATION 1611 E. MAGNOLIA AVENUE KNOXVILLE, TN 37917	62-1173293	501(C)(3)	15,500.	0.			STATION GRANT
GEORGIA PUBLIC BROADCASTING 260 14TH STREET NW ATLANTA, GA 30318-5360	58-1496258	501(C)(3)	15,500.	0.			STATION GRANT
UPPER CUMBERLAND BROADCAST COUNCIL, INC. - P.O. BOX 2040 - COOKEVILLE, TN 38502	62-1203449	501(C)(3)	15,500.	0.			STATION GRANT

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMARILLO JUNIOR COLLEGE DISTRICT P.O. BOX 447 AMARILLO, TX 79105-0447	75-6000031	GOVERNMENTAL	15,300.	0.			STATION GRANT
REGENTS OF THE UNIVERSITY OF NEW MEXICO - 1700 LOMAS BLVD. NE - ALBUQUERQUE, NM 87131-0001	85-6000642	GOVERNMENTAL	15,000.	0.			STATION GRANT
NORTHEASTERN PENNSYLVANIA EDUCATIONAL - 100 WVIA WAY - WILKES BARRE, PA 18640	23-1663603	501(C)(3)	14,500.	0.			STATION GRANT
CASCADE PUBLIC MEDIA 401 MERCER ST SEATTLE, WA 98109	91-1221895	501(C)(3)	14,000.	0.			STATION GRANT
COMMUNITY TELEVISION FOUNDATION OF SOUTH FLORIDA, INC - 3401 S CONGRESS AVENUE - BOYNTON BEACH, FL 33426	59-0737868	501(C)(3)	13,000.	0.			STATION GRANT
FRIENDS OF MONTANA PBS, INC. P.O. BOX 173340 BOZEMAN, MT 59717	81-0426350	501(C)(3)	13,000.	0.			STATION GRANT
WTVI FOUNDATION INC. P.O. BOX 35009 CHARLOTTE, NC 28235-5009	45-5452541	501(C)(3)	12,963.	0.			STATION GRANT
LOUISIANA PUBLIC BROADCASTIN 7733 PERKINS ROAD BATON ROUGE, LA 70810-1199	72-1233347	501(C)(3)	12,500.	0.			STATION GRANT
UNIVERSITY OF UTAH 101 WASATCH DR., ROOM #215 SALT LAKE CITY, UT 84112-1792	87-6000525	501(C)(3)	12,500.	0.			STATION GRANT

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THIRTEEN/WNET 825 EIGHTH AVENUE, 14TH FLR NEW YORK, NY 10019-7435	13-1945149	501(C)(3)	12,000.	0.			STATION GRANT
STATE OF ARKANSAS 350 SOUTH DONAGHEY AVENUE CONWAY, AR 72034	71-0847443	501(C)(3)	11,500.	0.			STATION GRANT
PUBLIC BROADCASTING ATLANTA 740 BISMARCK ROAD NE ATLANTA, GA 30324	58-2126423	501(C)(3)	11,000.	0.			STATION GRANT
DETROIT PUBLIC TELEVISION 1 CLOVER COURT WIXOM, MI 48393-2247	38-1440200	501(C)(3)	10,000.	0.			STATION GRANT
GRAND VALLEY STATE UNIVERSITY 1 CAMPUS DRIVE ALLENDALE, MI 49401-9401	38-1684280	501(C)(3)	10,000.	0.			STATION GRANT
KANSAS PUBLIC TELECOMMUNICATION 320 WEST 21ST STREET NOR WICHITA, KS 67203	48-0735215	501(C)(3)	10,000.	0.			STATION GRANT
KSPS - FRIENDS OF SEVEN 3911 S REGAL SPOKANE, WA 99223-7723	23-7203753	501(C)(3)	10,000.	0.			STATION GRANT
KVIE, INC 2030 W. EL CAMINO AVENUE SACRAMENTO, CA 95833	94-1421463	501(C)(3)	10,000.	0.			STATION GRANT
MID SOUTH PUBLIC COMMUNICATINS FOUNDATION - 7151 CHERRY FARMS ROAD - CORDOVA, TN 38016-4933	62-0525567	501(C)(3)	10,000.	0.			STATION GRANT

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNTAIN LAKE PBS ONE SESAME STREET PLATTSBURGH, NY 12901	14-1513789	501(C)(3)	10,000.	0.			STATION GRANT
PBS WESTERN RESERVE 1750 CAMPUS CENTER DRIVE KENT, OH 44240	34-1123819	501(C)(3)	10,000.	0.			STATION GRANT
RHODE ISLAND PBS FOUNDATION 50 PARK LANE PROVIDENCE, RI 02907	22-2859005	501(C)(3)	10,000.	0.			STATION GRANT
STATE OF SOUTH CAROLINA 1041 GEORGE ROGERS BLVD COLUMBIA, SC 29201	57-6000286	GOVERNMENTAL	10,000.	0.			STATION GRANT
THE GREATER CHATTANOOGA PUBLIC TELEVISION CORPORATION INC. - 7540 BONNYSHIRE DRIVE - CHATTANOOGA, TN 37416	62-1137597	501(C)(3)	10,000.	0.			STATION GRANT
TWIN CITIES PUBLIC TV 172 EAST 4TH STREET ST. PAUL, MN 55101	41-0769851	501(C)(3)	10,000.	0.			STATION GRANT
WGTE PUBLIC MEDIA P.O. BOX 30 TOLEDO, OH 43614	34-6554586	501(C)(3)	10,000.	0.			STATION GRANT
NEBRASKA PUBLIC MEDIA FOUNDATION 1800 N 33RD STREET LINCOLN, NE 68503-1409	86-2239027	501(C)(3)	8,000.	0.			STATION GRANT
VALLEY PUBLIC TELEVISION/KVPT 1544 VAN NESS AVENUE FRESNO, CA 93721-1213	77-0162617	501(C)(3)	8,000.	0.			STATION GRANT

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHYY-TV 150 N. SIXTH ST PHILADELPHIA, PA 19106	23-1438083	501(C)(3)	8,000.	0.			STATION GRANT
WMHT-TV 4 GLOBAL VIEW TROY, NY 12180-8368	14-1400177	501(C)(3)	8,000.	0.			STATION GRANT
WSKG PUBLIC TV & RADIO 601 GATES ROAD VESTAL, NY 13850	15-0620345	501(C)(3)	8,000.	0.			STATION GRANT
FRIENDS OF OETA, INC. 7403 NORTH KELLEY AVENUE OKLAHOMA CITY, OK 73111	83-2527901	501(C)(3)	7,500.	0.			STATION GRANT
NEW ENGLAND PUBLIC MEDIA INC. 44 HAMPDEN STREET SPRINGFIELD, MA 01103	04-6130523	501(C)(3)	6,375.	0.			STATION GRANT
KQED INC/NORTHERN CA PUBLIC BROADCASTING, INC - 2601 MARIPOSA STREET - SAN FRANCISCO, CA 94110-1400	94-1241309	501(C)(3)	6,000.	0.			STATION GRANT
WXXI PUBLIC BROADCASTING COUNCIL 280 STATE STREET ROCHESTER, NY 14614	16-0838086	501(C)(3)	6,000.	0.			STATION GRANT

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

WETA MONITORS THE USE OF GRANT FUNDS BY REQUIRING INTERIM AND FINAL  
PERFORMANCE REPORTING IN BOTH NARRATIVE AND FINANCIAL FORM FROM GRANT  
RECIPIENTS. THE REPORTS ARE REVIEWED TO ENSURE COMPLIANCE AND THAT THEY  
MEET THE GRANT REQUIREMENTS.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.**  
 Employer identification number: **53-0242992**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SHARON PERCY ROCKEFELLER PRESIDENT & CEO	(i)	576,475.	222,341.	4,944.	29,000.	22,768.	855,528.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JUDY C. WOODRUFF ANCHOR & MANAGING EDITOR	(i)	656,312.	0.	6,798.	0.	12,461.	675,571.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JASON R. DAISEY EXECUTIVE VP & COO	(i)	350,598.	141,636.	271.	29,000.	33,382.	554,887.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SARA JUST SENIOR VP & EXECUTIVE PRODUCER	(i)	356,338.	70,270.	2,263.	29,000.	111.	457,982.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LISA LINDSTROM DELANEY SVP & GENERAL COUNSEL	(i)	275,598.	109,681.	3,564.	28,683.	32,915.	450,441.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DAVID C. PURVIS SVP/CFO/TREASURER (THRU 5/26/21)	(i)	286,811.	41,715.	23,870.	14,798.	13,873.	381,067.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MICHAEL RANCILIO SENIOR VP & GM	(i)	289,160.	57,132.	1,112.	28,972.	669.	377,045.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JEFFREY BROWN SENIOR CORRESPONDENT	(i)	315,579.	0.	6,858.	29,000.	10,961.	362,398.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MIGUEL MONTEVERDE SENIOR VP & GM	(i)	283,089.	48,950.	1,242.	28,000.	111.	361,392.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) AMNA WERDEL CHIEF CORRESPONDENT	(i)	291,259.	0.	540.	29,000.	27,505.	348,304.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MATTHEW SPEISER VP, OPERATIONS	(i)	234,660.	48,467.	3,390.	24,578.	33,129.	344,224.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JOHN F. WILSON SVP & CHIEF NAT'L CONTENT OFFICER	(i)	246,926.	50,750.	2.	20,550.	25,537.	343,765.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) WILLIAM BRANGHAM CORRESPONDANT	(i)	285,000.	0.	1,242.	26,308.	111.	312,661.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

DAVID J. PURVIS - SEVERANCE - \$23,870.

PART I, LINE 7:

THE BONUSES PAID ARE NON-FIXED PAYMENTS. THE INCENTIVE COMPENSATION IS  
DETERMINED BY THE COMMITTEE AND/OR THE BOARD AND IS BASED UPON PERFORMANCE  
AND UPON THE FINANCIAL PERFORMANCE OF THE ORGANIZATION.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

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Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.** Employer identification number **53-0242992**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	322	719,955.	CARS REPORT. SEE PART II
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	96	2,584,065.	ML REPORT. SEE PART II
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 16

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a** X
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31** X
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** X
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2021

**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

CARS - REPORTING THE NUMBER OF ITEMS RECEIVED

SECURITIES - REPORTING THE NUMBER OF CONTRIBUTIONS

SCHEDULE M, LINE 32B:

CARS AND OTHER VEHICLES:

WETA USES A REPORT GENERATED BY THE CAR DONATION SERVICE VENDOR,  
CHARITABLE AUTO RESOURCES, INC. TO DETERMINE THE NONCASH CONTRIBUTION  
AMOUNTS FOR THE VEHICLES.

STOCK:

WETA USES MERRILL LYNCH TO SELL NONCASH STOCK CONTRIBUTIONS. FROM TIME  
TO TIME, WETA RECEIVES MUTUAL FUND SHARES WHICH ARE SOLD BY MUTUAL FUND  
COMPANIES ON WETA'S BEHALF.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization	GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.	Employer identification number	53-0242992
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PBS AND OF NPR

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

VALUES; AND WE RESPECT DIVERSITY OF VIEWS, CULTURE AND HERITAGE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

WETA 90.9 FM, WGMS 89.1 FM, AND WETA 88.9 FM, PROVIDING A 24-HOUR

CLASSICAL MUSIC SERVICE. WETA CLASSICAL ALSO HAS CREATED ONLINE

EDUCATIONAL RESOURCES FOR MUSIC LOVERS OF ALL AGES. WETA CLASSICAL IS

THE ONLY BROADCASTER OF CLASSICAL MUSIC IN THE GREATER WASHINGTON AREA

AND PROVIDES AN IMPORTANT CONNECTION BETWEEN PERFORMING ARTS

ORGANIZATIONS IN THE AREA AND THE COMMUNITY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMUNITY GROUPS TO EXTEND THE LITERACY RESOURCES, INCLUDING DIGITAL

AT-HOME LEARNING TOOLS FROM PBS AND DIRECT SERVICE LITERACY TRAINING.

WETA CREATES OVER 50 EVENTS A YEAR TO ENGAGE THE PUBLIC WITH

SCREENINGS, PANEL DISCUSSIONS, AND INTERACTIVE VIRTUAL EVENTS TO

FURTHER CIVIC DIALOGUE ABOUT OUR HISTORY, THE DIVERSITY OF OUR CULTURE,

CURRENT ISSUES, AND THE ARTS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S FORM 990 UNDERGOES A NUMBER OF INTERNAL AND EXTERNAL

REVIEWS BEFORE IT IS FILED WITH THE IRS. THE RETURN IS PREPARED BY THE

ORGANIZATION'S PUBLIC ACCOUNTING FIRM IN COLLABORATION WITH THE CONTROLLER,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

Name of the organization	GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.	Employer identification number	53-0242992
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THEN REVIEWED BY THE MOST SENIOR FINANCE OFFICER AND MANAGEMENT. THE 990 IS

REVIEWED BY THE AUDIT COMMITTEE AND THE FINANCE & BUDGET COMMITTEE PRIOR TO

FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICTS OF INTEREST POLICY APPLIES TO: (I) TRUSTEES WHO ARE ENTITLED

TO VOTE ON THE BOARD OF TRUSTEES, (II) PRINCIPAL OFFICERS OF WETA,

INCLUDING WITHOUT LIMITATION THE PRESIDENT, CHIEF OPERATING OFFICER AND

CHIEF FINANCIAL OFFICER, (III) AND MEMBERS OF BOARD-DELEGATED COMMITTEES.

THERE IS A SEPARATE CONFLICT OF INTEREST POLICY FOR EMPLOYEES IN THE

OVERALL CODE OF CONDUCT POLICY.

AN INTERESTED PERSON PROMPTLY SHALL DISCLOSE TO WETA ANY TRANSACTION OR

PROPOSED TRANSACTION WITH WETA OF WHICH HE OR SHE IS AWARE:

(A) TO WHICH SUCH INTERESTED PERSON OR A RELATED PERSON IS A PARTY,

REGARDLESS OF THE DOLLAR AMOUNT OF THE TRANSACTION, OR

(B) WITH AN ORGANIZATION WITH WHICH SUCH INTERESTED PERSON OR A RELATED

PERSON HAS AN AFFILIATION AND IN WHICH THE AMOUNT INVOLVED IN THE

TRANSACTION EXCEEDS OR IS LIKELY TO EXCEED \$5,000.

IN ADDITION, DISCLOSURE SHALL BE MADE BY EACH INTERESTED PERSON UPON

ELECTION, APPOINTMENT OR INITIAL EMPLOYMENT, AS THE CASE MAY BE, AND

ANNUALLY THEREAFTER ON OR ABOUT THE TIME OF THE ANNUAL MEETING, BY

COMPLETING AND SUBMITTING THE DISCLOSURE FORM.

ALL DISCLOSURES UNDER THIS CONFLICTS OF INTEREST POLICY SHALL BE DIRECTED

TO THE CHIEF OPERATING OFFICER WHO, IN CONSULTATION WITH THE GENERAL

COUNSEL, SHALL BE RESPONSIBLE FOR THE ADMINISTRATION OF THIS POLICY.

Name of the organization GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.	Employer identification number 53-0242992
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THE WRITTEN MINUTES OF THE BOARD OR COMMITTEE MEETING WILL INCLUDE A  
GENERAL DESCRIPTION OF ANY TRANSACTION THAT WAS APPROVED AND THE BASIS FOR  
THE APPROVAL, THE INFORMATION CONSIDERED BY THE BOARD OR COMMITTEE BEFORE  
VOTING ON THE TRANSACTION AND HOW THAT INFORMATION WAS OBTAINED, AND THE  
MEMBERS OF THE BOARD OR COMMITTEE WHO WERE PRESENT FOR THE DISCUSSION AND  
THE VOTE. IF THE BOARD OR COMMITTEE DETERMINES THAT A TRANSACTION SHOULD  
NOT BE APPROVED, THE WRITTEN MINUTES WILL REFLECT THE REASONS FOR ITS  
DETERMINATION AND ITS RECOMMENDATION, IF ANY. THE MINUTES SHALL BE RECORDED  
BEFORE THE NEXT MEETING OF THE BOARD OR COMMITTEE, AND REVIEWED AND  
APPROVED AT THAT MEETING.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO, OR TOP  
MANAGEMENT OFFICIAL: COMPENSATION FOR WETA'S OFFICERS IS REVIEWED AND  
APPROVED ANNUALLY BY WETA'S COMPENSATION COMMITTEE AND BOARD OF TRUSTEES  
WITH AN EXTERNAL CONSULTANT BASED UPON COMPARABLE MARKET INFORMATION. THIS  
ANNUAL COMPENSATION REVIEW IS DOCUMENTED. THE PROCESS FOR DETERMINING  
COMPENSATION OF THE ORGANIZATION'S OFFICERS OR KEY EMPLOYEES: COMPENSATION  
FOR WETA'S KEY EMPLOYEES IS REVIEWED BY WETA OFFICERS USING EXTERNAL MARKET  
INFORMATION. COMPENSATION REVIEWS ARE DOCUMENTED.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS  
MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WV, WI,  
WY

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE ON

Name of the organization <b>GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.</b>	<b>Employer identification number</b> 53-0242992
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THE INTERNAL WEBSITE. THE FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST,  
 ON OUR WEBSITE, AS WELL AS ON GUIDESTAR. THESE DOCUMENTS ARE AVAILABLE FOR  
 THE SAME PERIOD OF DISCLOSURE AS SET FORTH BY SECTION 6104(D).

FORM 990, PART VII, SECTION A:  
 HOURS REFLECTED FOR EMPLOYEES ARE THE STANDARD HOURS PER WEEK AND NOT  
 ACTUAL HOURS WORKED.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization **GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.** Employer identification number **53-0242992**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NEWSHOUR PRODUCTIONS, LLC - 46-5682322 2775 SOUTH QUINCY STREET ARLINGTON, VA 22206	PBS NEWSHOUR	VIRGINIA	37,094,016.	10,032,930.	WETA

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



